

CLAIMS ONLY	Application Number 10635484	Filing Date
	Applicant(s)	

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
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48						
49						
50						
Total Indep.	3					
Total Depend.	18					
Total Claims	21					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims						